

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

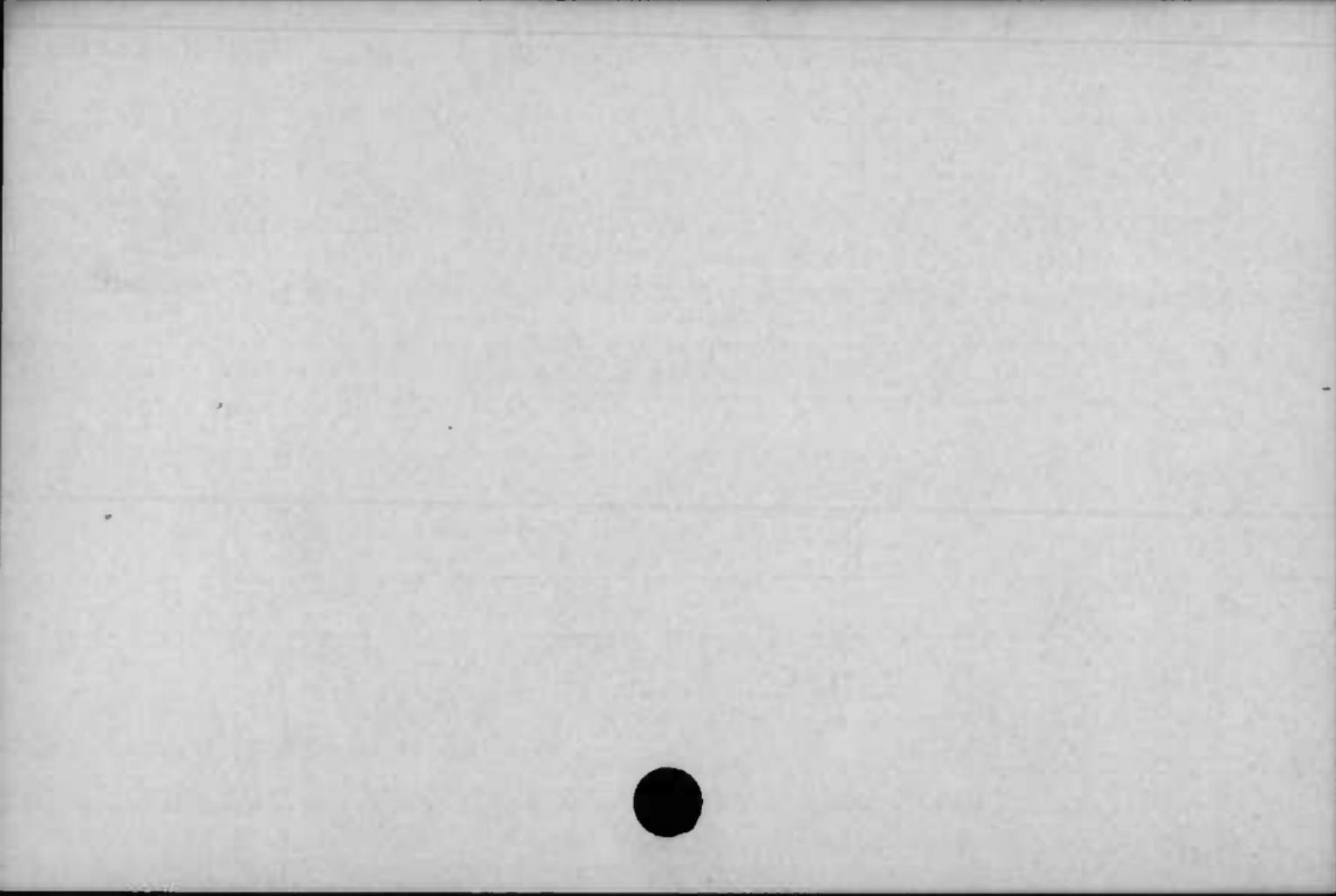
James E Baer

CERTIFICATE OF DEATH

Died at <u>home</u>		Town <u>Mardela</u>	County <u>Oriovis</u>	MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>9</u>	Years <u> </u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>			
Occupation <u> </u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>single</u>	Father's Birthplace <u>Md</u>			
Father's Name	<u>Elmer W Baer</u>	Mother's Birthplace <u>Md</u>			
Mother's Maiden Name	<u>Florence Shockey</u>	How related to deceased <u>Father</u>			
Name of person giving information	<u>Elmer W Baer</u>				

CAUSES OF DEATH

Primary	<u>Weakness</u>	(154)	How long <u>4 months</u>
Immediate	<u>General debility</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. C. Dealebae Mardela</u>	Address <u>Mardela Md</u>
Accident or Suicide?			



Name
in
Full

Lessie L. Betharel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Wango</i>	Town	County <i>Wicomico</i>		MARYLAND		
Date of death <i>1903 Dec.</i>	Month	Day <i>5th</i>	Age <i>7</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death <i>Fathers Home</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>					
Father's Name <i>E. M. Betharel</i>				Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rose Brittingham</i>				Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Wm R. Lewis</i>				How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dr. Zindle of Whaleyville

Worcester Co.

attended the little girl Md.

I was told he ^{said} worms was the cause
of her death Geo. C. Hill

undertaker

Salisbury Ad.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Silver Spring</i>		Town	County <i>Maryland</i>		MARYLAND		
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>83</i>	Years <i>83</i>	Months <i>8</i>	Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>					
Occupation	Where Residing if not at place of death <i>Samuel Black</i>						
Married, Single or Widowed	Name of wife or Husband <i>Samuel Black</i>		Father's Birthplace <i>Md</i>				
Father's Name <i>Edward Fletcher</i>			Mother's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Ebba E Johnson</i>			How related to deceased <i>Daughter</i>				
Name of person giving information <i>Leah Humphrey</i>							

CAUSES OF DEATH

Primary <i>Supp old age</i>	How long <i>60+ years</i>
Immediate <i>Don't know</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D G Hollaway & Co</i>
	Address <i>156 Hollaway & Co Silver Spring, Maryland</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Wm L. Brewington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Salisbury		County Wicomico		MARYLAND		
Date of death 1903	Month Dec.	Day 18	Age 55	Years 55	Months —	Days 26	
Sex Male	Color or Race White			Birth-place Salisbury Md			
Married, Single or Widowed Married			Occupation Merchant				
Name of Wife on Husband Tottie v. White							
Father's Name Henry J. Brewington			Father's Birthplace Md				
Mother's Maiden Name Orinthia Long	119		Mother's Birthplace Md.				
Name of person giving Information Carroll Brewington			How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bright's		How long 24 hrs
Immediate	Maenia & Paralysis		How long few hrs
Are the name, age, sex, color, date and place correctly given above?	Yrs 70	Signature of Physician Dr. H. Todd	
		Address Salisbury Md	
Accident or Suicide?			



Name
in
Full

Cornelia A. Cooper

CERTIFICATE OF DEATH

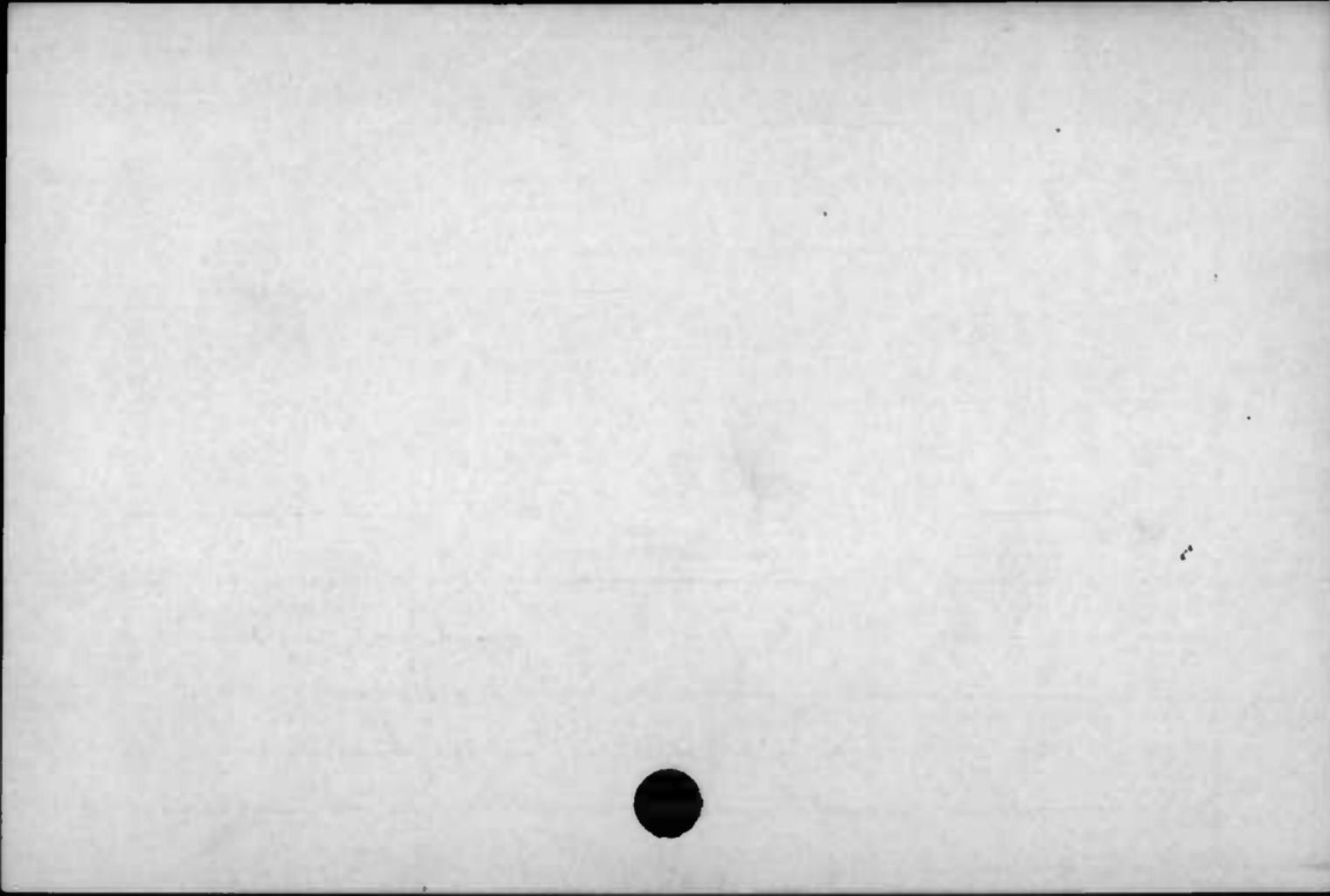
To BE ANSWERED BY
NEAREST FRIEND

Died at	Towson Pawtuxentville		County	Baltimore	
Date of death	Month	Day	Years	Months	Days
1903	12	6	18	11	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	wife of a marine		Where Residing if not at place of death	Pawtuxentville	
Married, Single or Widowed	Married	Name or Wife or Husband	Edward S. Cooper	Father's Birthplace	Maryland
Father's Name	Samuel Noah Clark		Hannie Hopkins	Mother's Birthplace	.
Mother's Maiden Name	Hannie Hopkins		Edward S. Cooper	How related to deceased	Husband
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	6 months
Immediate	Deep cold		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. C. T. M. I.	
		Address	Whaleville and	
Accident or Suicide?				



Mr. F. Cary

Town

Allison

County

St. Louis

Died at

MARYLAND

Date 1903

Month

Day

Dec 3^r

Y

M.

D.

Age

25 8 19

~~Married~~

~~Widow~~

Native of

Mo

~~Divorced~~

Occupation

Farming

Male

White

~~Female~~

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband
of

~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

Sudden

Accident, Suicide, Homicide

Primary

Immediate

Heart Trouble

J. G. Long, M.D.

Langland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

No Name

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Salisbury		County	Wicomico	
Date of death	Month	Day	Years	Months	Days	
1903	Orc	19	—	—	—	
Sex	Male	Color or Race	White	Birth-place	Salisbury Md	
Occupation	none	Where Residing if not at place of death			Salisbury Md	
Married, Single or Widowed	Single	Name of Wife or Husband		—		
Father's Name	Lee H. Cox			Father's Birthplace	Md.	
Mother's Maiden Name	M. Mitchell Brown			Mother's Birthplace	Md	
Name of person giving information	Lee. H. Cox			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth		How long	—
Immediate	"	"	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gov. W. Todd	
		Address	Salisbury	
Accident or Suicide?			Md	



Name
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CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	do not no			
Father's Name	Hobe Dier	Cal	Father's Birthplace		
Mother's Maiden Name	S.	do not no			Mother's Birthplace
Name of person giving information	Hobe dine	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

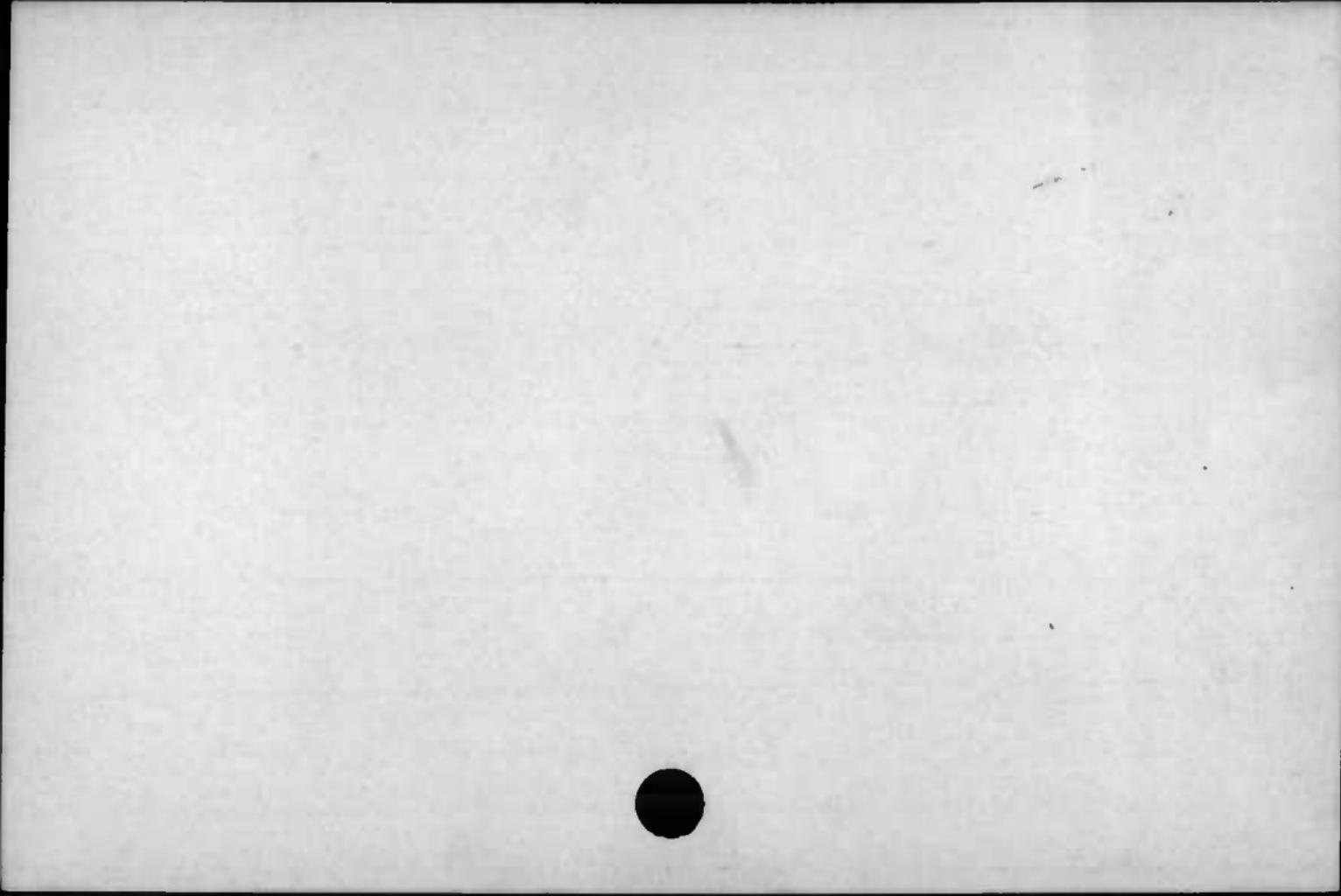
Primary	Still born	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Maggie Elzey

CERTIFICATE OF DEATH

Died at Salisbury

County
Wisconsin

MARYLAND

Date of death 1903 Month Dec Day 19 Age Years 19 Months 7 Days 19

Sex Female

Color or Race

Black

Birth-place

Nd

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name or Wife or
Husband

Father's Name

Charles W Elzey

Father's Birthplace

NcL

Mother's Maiden Name

Harriet Dashiel

Mother's Birthplace

NcL

Name of person giving
Information

Daniel J Elzey

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Confusion

How long

18 days

Immediate

Septic infection

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

D. Mayfield
Salisbury, Md.

Accident or Suicide?

Woman was attended by
midwife & confined Nov. 26th.
I saw her 3 days ago with
septic metritis & peritonitis.

Dwyer

Name
in
Full

Cecil J W Fields

CERTIFICATE OF DEATH

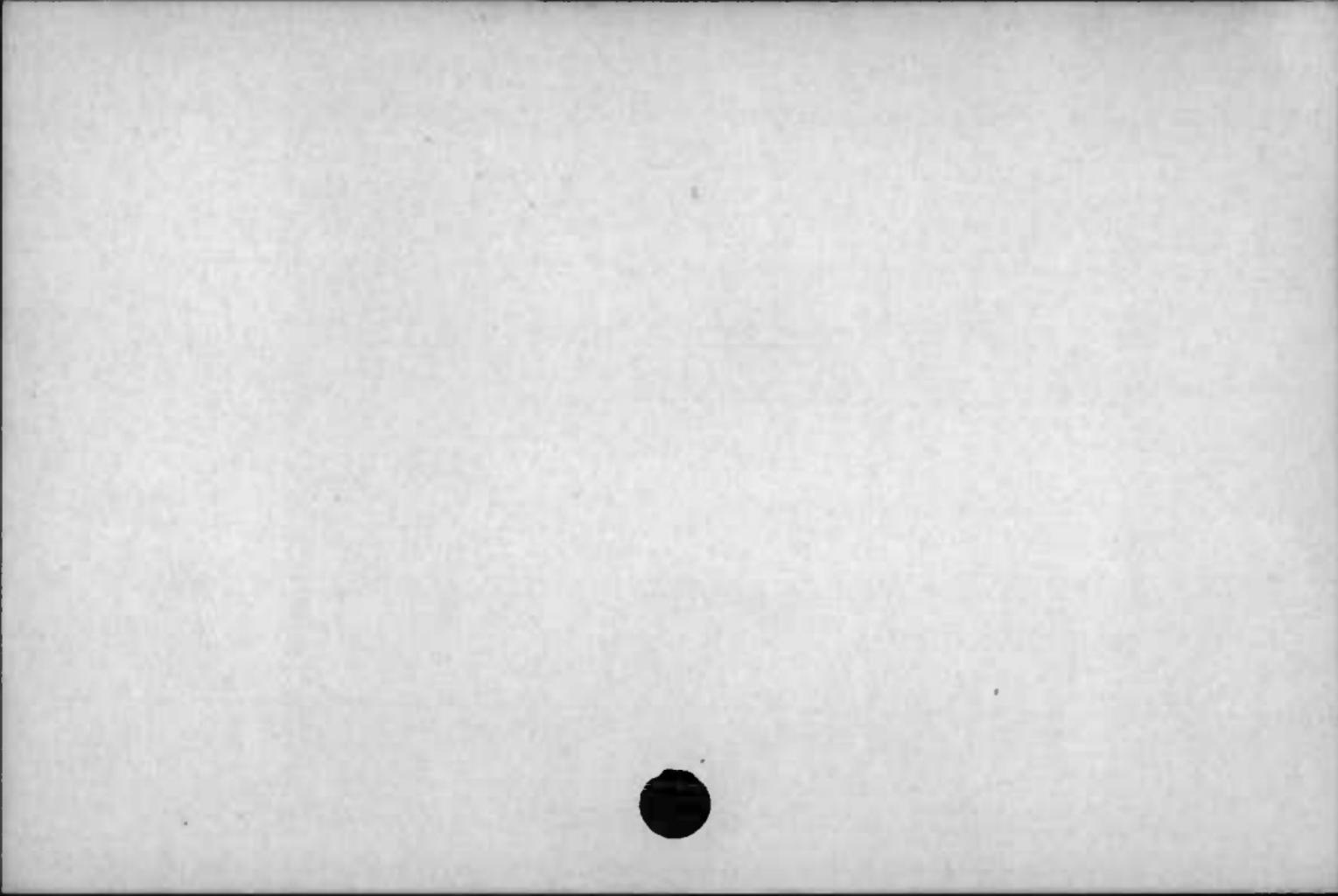
To BE ANSWERED BY
NEAREST FRIEND

Town	Wicomico County			MARYLAND	
Died at Salisbury	Month	Day	Years	Months	Days
Date of death 1903	Dec	16	Age	6	12
Sex Male	Color or Race	Black			Birth-place Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John W Fields				
Mother's Maiden Name	Lizzi Hyman 93				
Name of person giving information	Lizzi Fields				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	I do not know
Immediate	Dyspnoea		How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		Satisfactory	Signature of Physician	J. W. Fields
I know			Address	Salisbury Md
Accident or Suicide?		Yes		



Name
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Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A. Fooks

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1903	Dec.	8	Age 89		21
Sex	Female	Color or Race	White	Birth-place	Micromico Co. Md.
Occupation	none	Where Residing if not at place of death at S. J. Williams Home			
Married, Single or Widowed	Widow	Name or wife of Husband	Handy Fooks	Father's Birthplace	Pittville Md.
Father's Name	James Fooks	Mother's Maiden Name	Elizabeth Hearn	Mother's Birthplace	near Pittville ..
Name of person giving information	Samuel J. Williams	How related to deceased	Nephew by marriage		

CAUSES OF DEATH

Primary

Pulmonary Trouble

How long

Several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Sam J. Williams

Salisbury

Md.

Accident or Suicide?



Name in Full

Certificate of Death

May Hughes

Town

near Quantico

County

Wisconsin

MARYLAND

Died at

Date 1903 Dec " 31

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 18
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Charles Hughes

Mother's
Maiden Name

Mary Fletcher

Cause of

Primary

How long sick

Death

Immediate

Remittent Fever

Accident, Suicide, Homicide

Reported by

Wm H. H. Dashiel M.D.

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



W. E. Leer

Died at Salisbury and Theonard Co Town Salisbury County MARYLAND

Date <u>1903</u>	Month <u>Dec</u>	Day <u>2</u>	Y. <u>50</u>	M. <u></u>	D. <u></u>	Native of <u>USA</u>	Occupation <u>Farmer Salerian</u>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower				Number of children living

Husband of

Wife

Father's

Name

Mother's
Name

81

Cause of Primary Aneurism

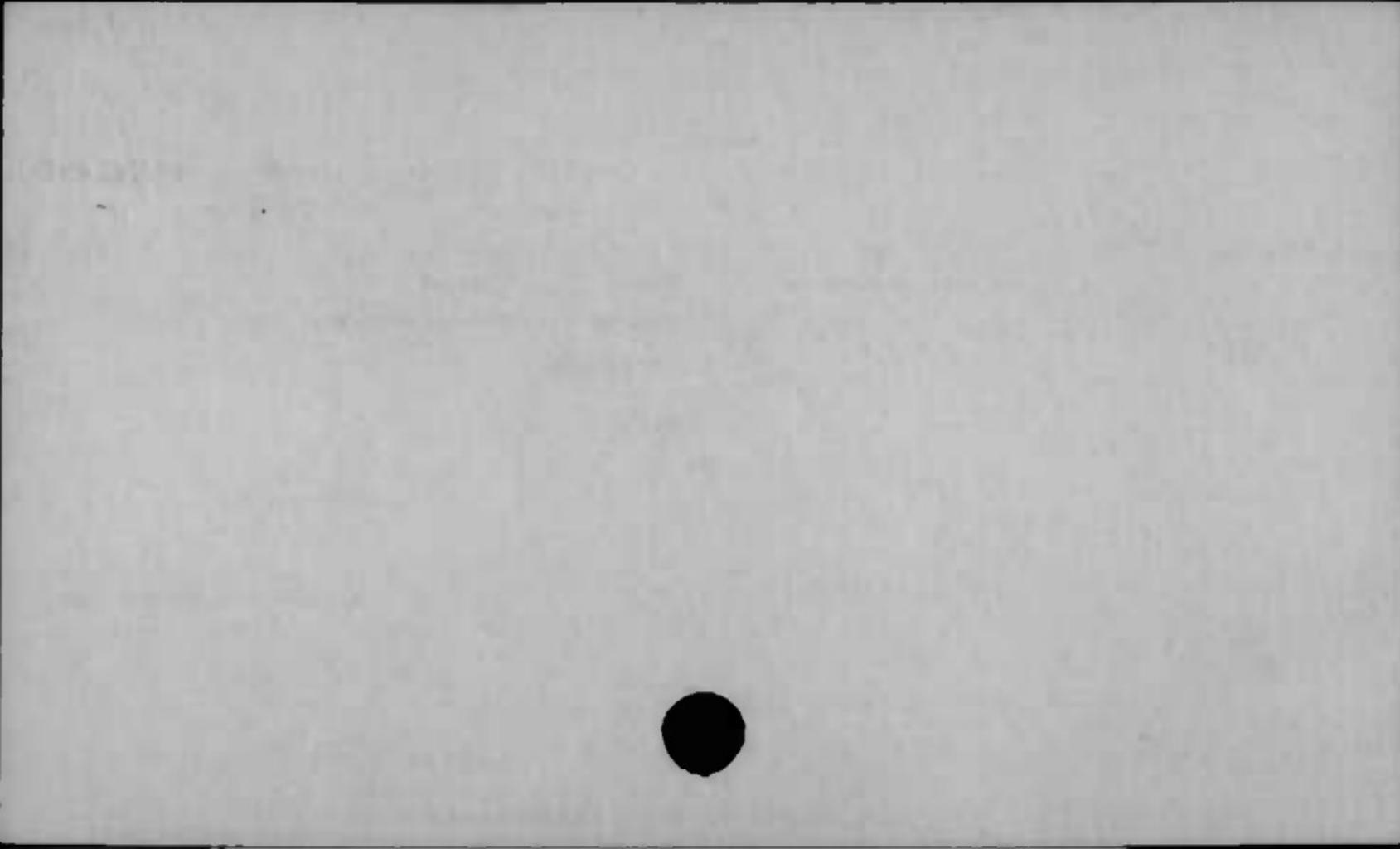
How long sick

2 yearsDeath Immediate Ruptured sac

Accident, Suicide, Homicide

Reported by L.C. Green MD P.G. HospitalAddress Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harlis James Leonard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Munths	Days		
Sex	male	Color or Race	Black	Birth-place	Md		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed				Name or Wife or Husband	Father's Birthplace	Md	
Father's Name	John Leonard 47			Mother's Birthplace	Md	Md	
Mother's Maiden Name	Amy Brewington			How related to deceased	Sister		
Name of person giving information	Lillian Leonard						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

3 months

Immediate

Heart trouble

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

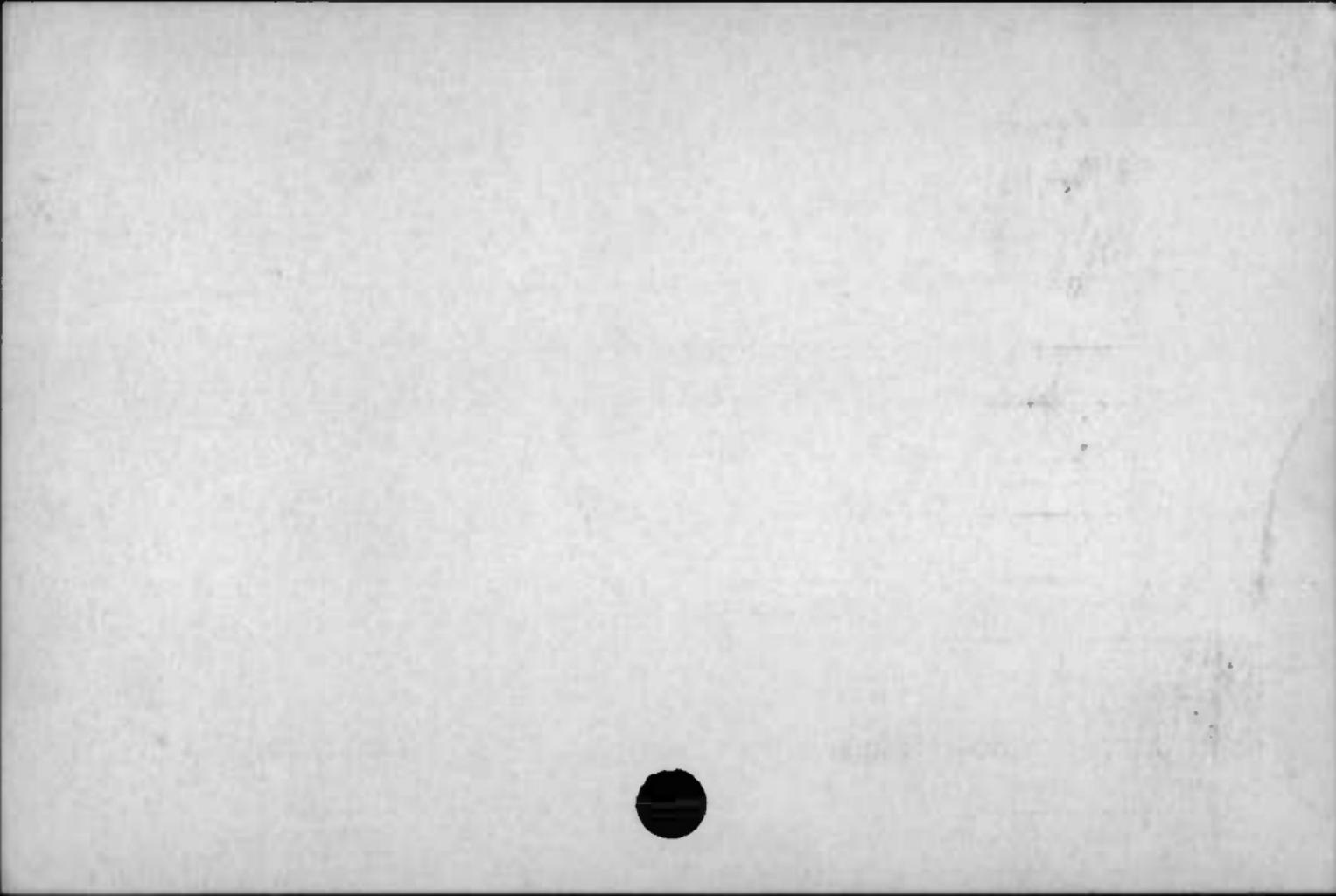
Signature of Physician

Address

Lyndhurst Spring
5 Salisbury Md

Accident or Suicide?

No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Seconard				CERTIFICATE OF DEATH		
Died at	Salisbury		Town	County		MARYLAND
Date of death 1903	Month Dec.	Day 4 th	Years 35	Age	Months	Days
Sex Male	Color or Race Mulatto	Birth-place Salisbury Md.				
Occupation Labourer	Where Residing if not at place of death near Salisbury					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name not known	Father's Birthplace					
Mother's Maiden Name Seconard	Mother's Birthplace					
Name of person giving information D. H. Williams	How related to deceased	none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. C. Hill

undertaker

Salisbury Md.

Accident or Suicide?

The Boy had no Doctor
I think it was a case of
consumption

Geo. C. Hill
Undertaker
Salisbury
Md.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hardy Littleton

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Powellville

Wicomico

Date
of death

1903

Month

Dec

Day

24

Years

2.0

Months

4

Days

2

Sex

Boy

Color or
Race

White

Birth-
place

Maryland

Occupation

Dairy labor

Where Residing if not
at place of death

Powellville

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Loda Littleton

Father's
Birthplace

Powellville

Mother's
Maiden Name

Annie Bradford

Mother's
Birthplace

Powellville

Name of person giving
Information

George Littleton

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Consumption

How long

Three months

Immediate

No

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

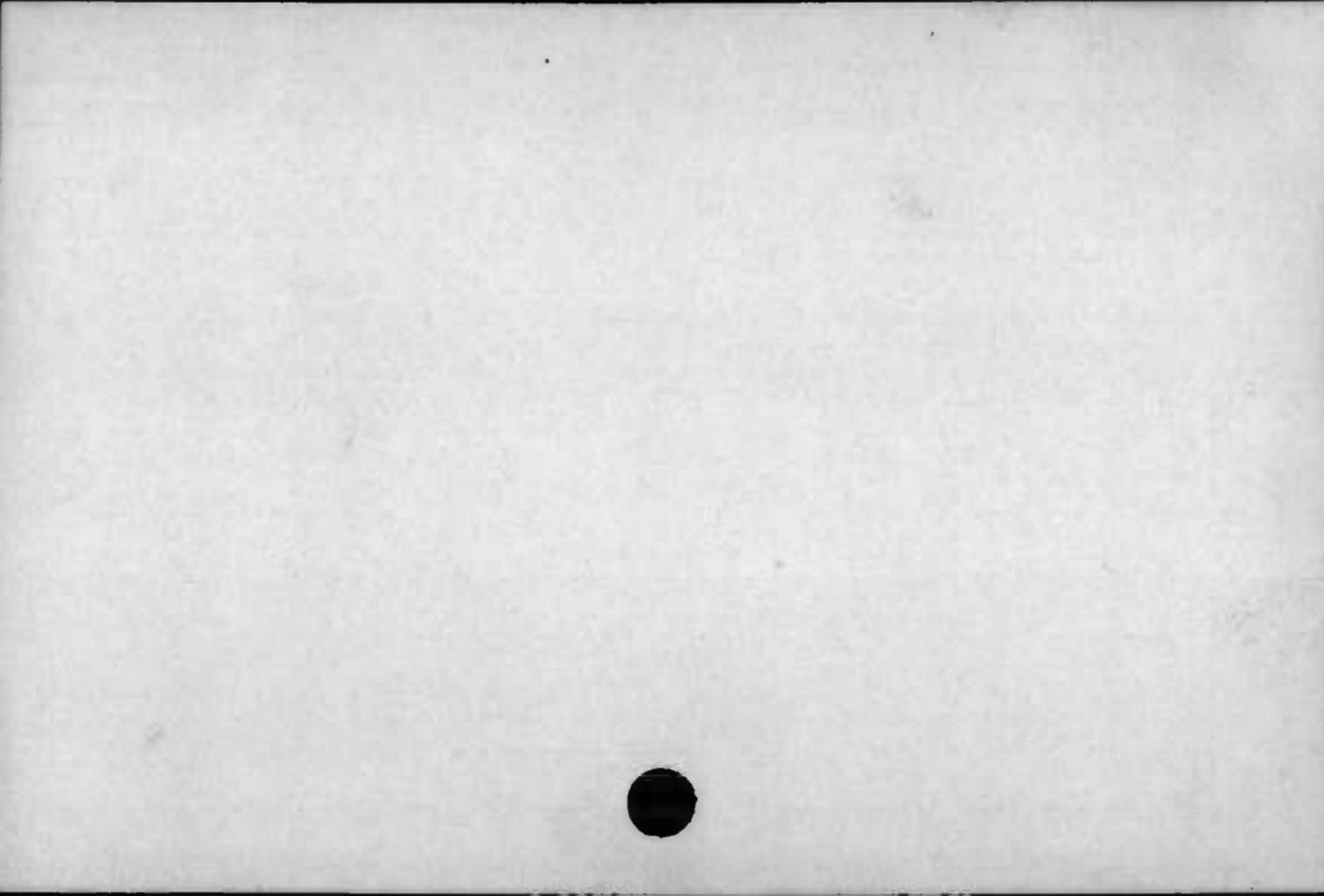
Address

Dr. Springs

Powellville

Accident or Suicide?

Abd



Name
in
Full

Nettie M Nutter

CERTIFICATE OF DEATH

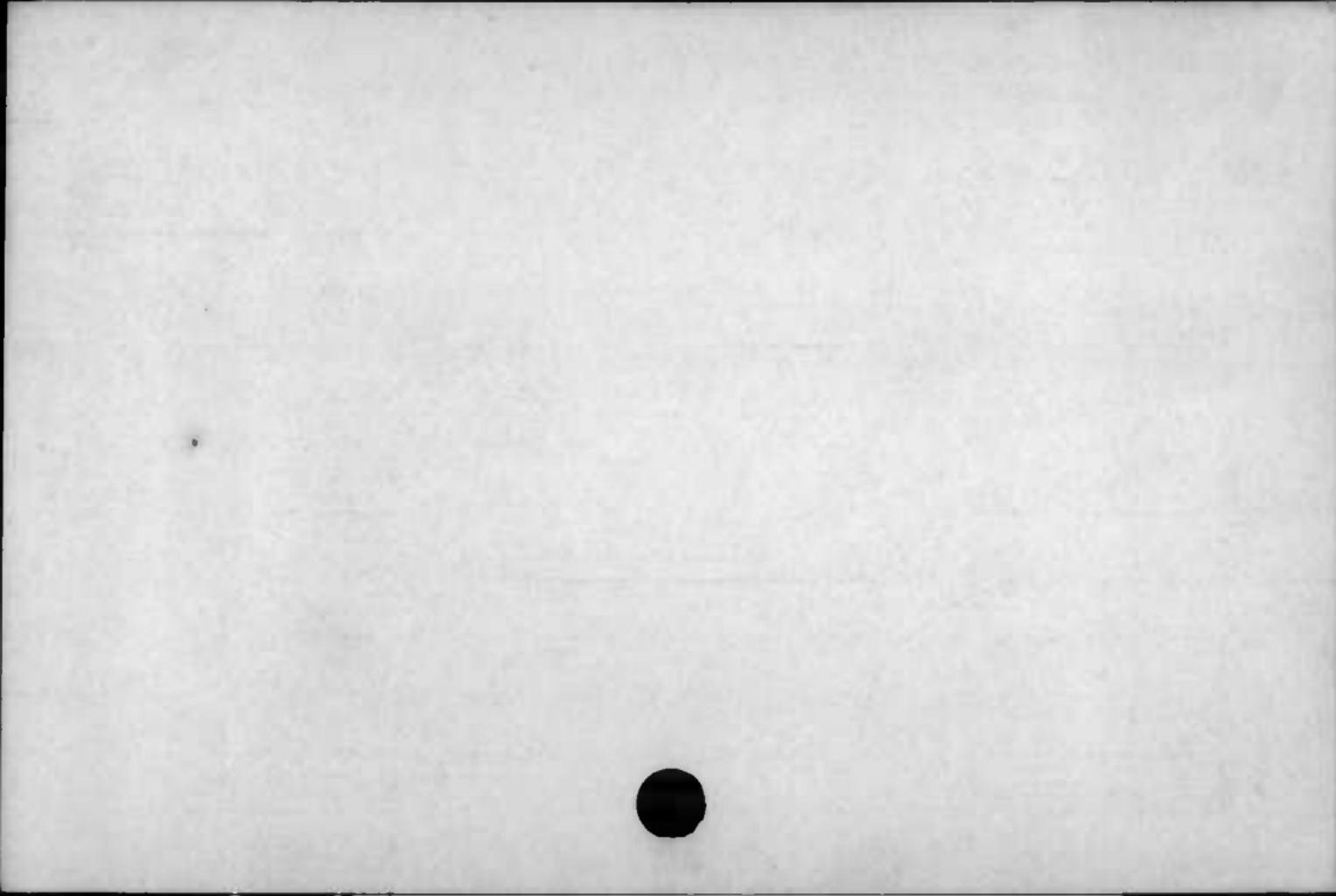
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>1</u>	Age <u>22</u>	Years	Months <u>6</u>	Days <u>26</u>
Sex <u>Femal</u>	Color or Race <u>Black</u>			Birth-place <u>Md</u>		
Occupation <u>Housework</u>	Where Residing if not at place of death <u>Nanticoke Md</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel H Nutter</u>					
Father's Name <u>John H Hardy</u>	30			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Sarah M Lantz</u>				Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Samuel H Nutter</u>				How related to deceased <u>Husband</u>		

CAUSES OF DEATH

Primary <u>Pelvic infaration</u>	How long <u>4 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>So far as I know</u>	Signature of Physician <u>O. W. H. Thompson</u> Address <u>Salisbury, Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full

Certificate of Death

Mary Viola Parsons

Town

Parsonsburg

County

Monroe

MARYLAND

Died at

Date 1903Month 12Day 8Y. 64M. 1D. 9

Native of

Occupation

Male

White

Age 64
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5Bluesblood
of

Wife

Father's

Name

Cause of

Primary

Bronchitis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo. W. Smith

Address

Parsonsburg Md.

Filed 1903

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Still Born infant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Village of Powellville		Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	girl	Color or Race	Age	Birth-place	Bowellville		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name or Wife or Husband						
Father's Name	Beachamps Smith					Father's Birthplace	Worcester Co.
Mother's Maiden Name	Dela Wilkins					Mother's Birthplace	"
Name of person giving information						How related to deceased	"

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary S. How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

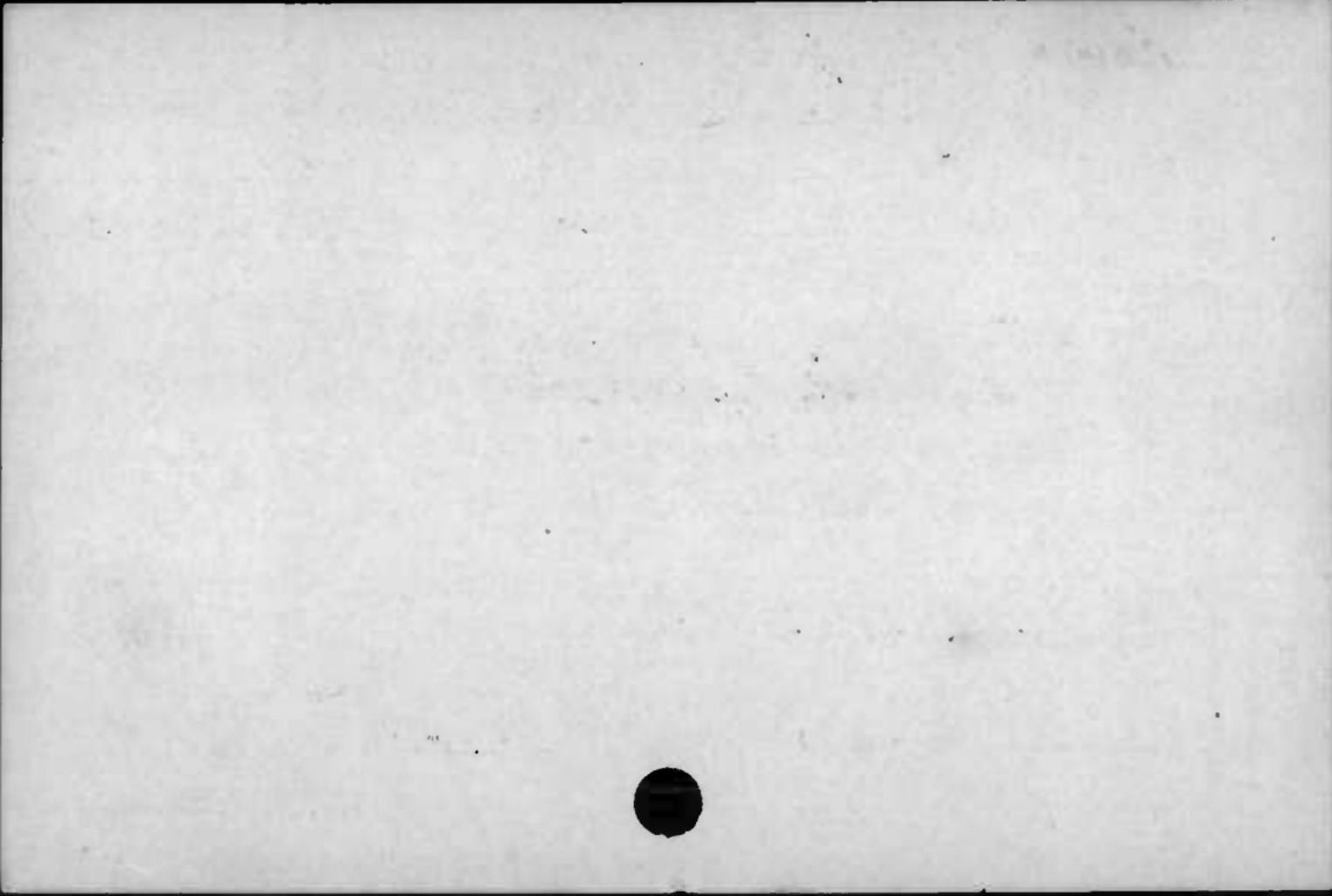
Yes

Signature of Physician

Address

No Physician

Accident or Suicide?



Name
in
Full

Esther Leroy Taylor

CERTIFICATE OF DEATH

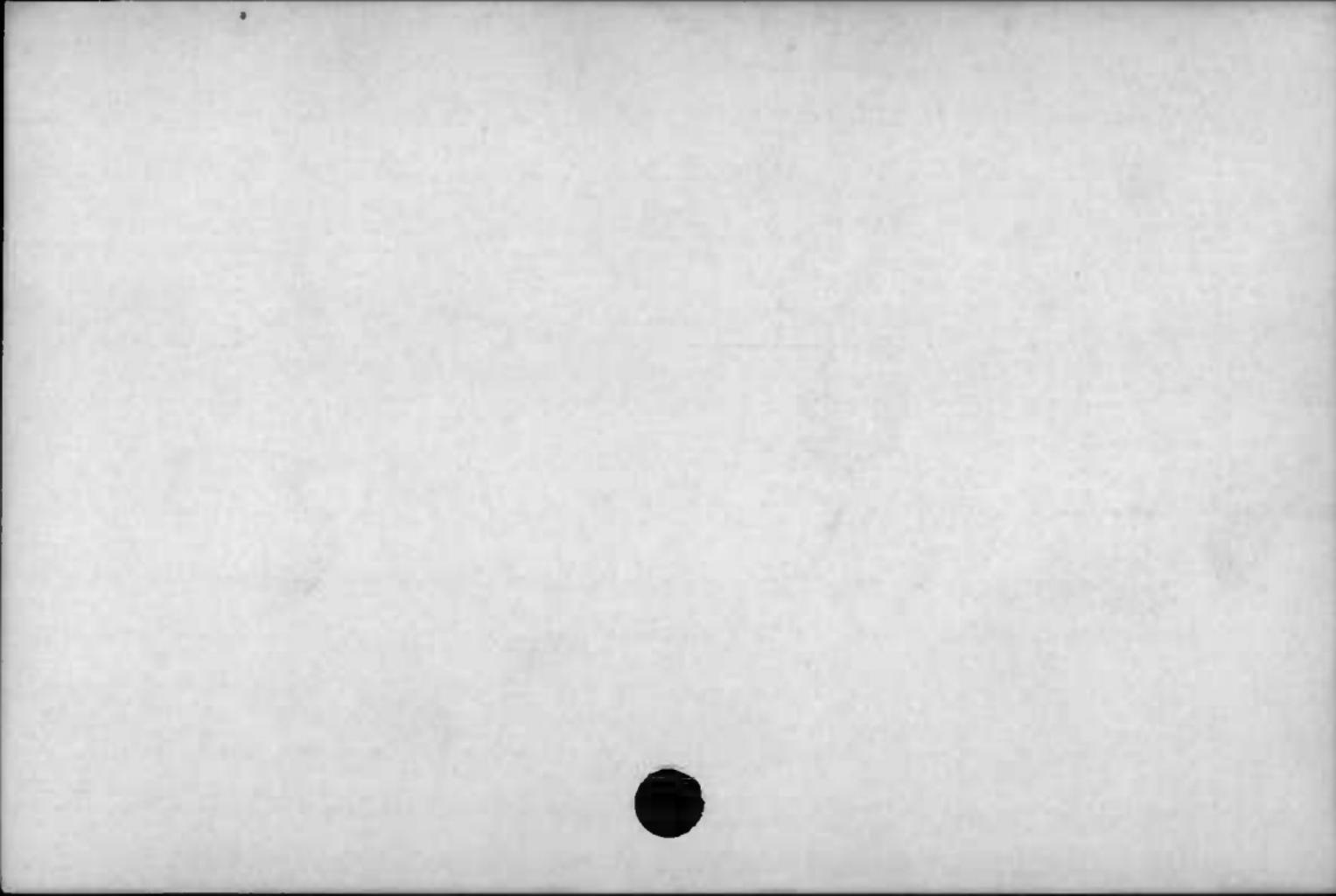
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name or Wife or Husband	Leroy Taylor	
Father's Name	Wm P. Renshaw	Father's Birthplace	Md
Mother's Maiden Name	Edyrie E. Edwards	Mother's Birthplace	
Name of person giving information	Leroy P. Taylor	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	consumption	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Geo. C. Hill
	Address	Underlaker
Accident or Suicide?	Salisbury Md.	



Bertha Winder

Town

County

MARYLAND

Died at
near Hebron

Month Day

Y.

M.

D.

Native of

Occupation

Date 1903 Dec 28

Age 20

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

William Winder

Mother's

Maiden Name

Elizie Winder

How long sick

Cause of

Primary

Pulmonary Consumption

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm. H. H. Dashiell M.D.

Address

Quaintice Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

